## NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

MAR 12 2009

| Type or Print Clearly   |  | <b>~</b>  |   | <br>                                       |  | NEW HAMPSHIRE   |
|---|--|---|---|--|--|---|
| Full Name WILL  | -IAMJ.   | DCHUSEY WO  | ork Address [                                   | ou wer                                     | STER ST 1  | Manchester Wit  |
| Primary Occupation  | AUYER  | e-mail *optio   | nal WISL  | AWI GOL                                    | . Kow Work Phone   | 603 609-1188  |
| Name(s) of office, appointment employment with government   |  | we appe   | uls Boar  | d  |  |   |
| A. List below the name, addr<br>proprietor, or employee, or s<br>calendar year. Sources of retin                              | erved in any other prof                                    | essional or advisory capa                                 | city, and from which                            | i any income in exi                        | member was an offic<br>cess of \$10,000 was  | er, director, associate, partner,<br>derived during the preceding |
| 1. STA  | TE OF NI   | t wears   | PANEL   | memb                                       | er @ B   | EST of LABOR  |
| 2.  |  |   |   |  |  |   |
| 3.  |  |   |   | <u> </u>                                   |  |   |
| If you have no qualifying inco  | me indicate by writing y                                   | our initials next to the follo                            | wing statement.                                 | My income does n                           | ot qualify   | 14  |
| B. Indicate below whether your reportable special interest in discipline a licensee or permitinancial effect on you or a fair | an item on this list if a ch<br>ttee, or other decision by | ange in law, a change in ac<br>government affecting the   | lministrative rule, a d                         | ecision whether or                         | not to award a contra  | ct, grant a license or permit,                                    |
| 1. Any profession, occ  | cupation, or business lice                                 | nsed or certified by the Sta                              | ate of New Hampshin                             | e. List each such pro                      | ofession, occupation,  | or category of business   |
| 2. Health Care 3  |  | Real Estate, including bro-<br>gent, developers, and land |   | Banking or financial                       |  | of New Hampshire, county, or<br>al employment                     |
| 7. N.H. Retirement System   | 8. Current use assessment pro                              |   | staurants/                                      | 10. Sale and di<br>beverages               | stribution of alcholic   | 11. Practice of law   |
| 12. Any business regula   | ited by the Public   | 13. Horse or dog rad                                      | cing, or other legal fo                         | rms 14. Educ                               | ation   15. Wa   | eter Resources  |
| 16. Agriculture   |  | iness Business Its Tax Enterprise Ta                      | Interest an<br>Dividends                        | - II                                       | onal: Specify any oth  | er area in which you have a                                       |
| I have read RSA 15-A and her<br>RSA 15-A:7 Penalty. Any pe<br>shall be an absolute defense<br>RSA 21-G:30, I(c).              | rson who knowingly fails<br>in any prosecution unde        | to comply with the provis<br>r this chapter that the pers | ions of this chapter of on acted in reliance of | or knowingly files a fupop and advisory op | alse statement shall be subject in the subject in t | pe guilty of a misdemeanor. It ssued under RSA 14-B:3, I(c) or    |
|   |  | Sig <del>inat</del> ure d                                 | of Reporting Individu                           | aı i E                                     | ate /  |   |